

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

ADDRESS (number and street) **11570 6TH STREET**

☐ Check if different than previously reported. (ACC) **RANCHO CUCAMONGA** **CA** **91730**

2. **FEC IDENTIFICATION NUMBER ▼** **C** **C00543835** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT ☒ **NEW (N)** OR ☐ **AMENDED (A)**

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

09 01 2014 09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Jason Shandell**

Signature of Treasurer **Jason Shandell** **[Electronically Filed]** Date / /

10 17 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="49033.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41718.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="922.00"/>	<input type="text" value="19117.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="42640.00"/>	<input type="text" value="68150.00"/>
7. Total Disbursements (from Line 31)	<input type="text" value="8500.00"/>	<input type="text" value="34010.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="34140.00"/>	<input type="text" value="34140.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
09 01 2014

To:

M M / D D / Y Y Y Y Y
09 30 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

862.00

16377.00

(ii) Unitemized

60.00

2740.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

922.00

19117.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

922.00

19117.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

922.00

19117.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

922.00

19117.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	33500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	510.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	510.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8500.00	34010.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	34010.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	922.00	19117.00
34. Total Contribution Refunds (from Line 28(d))	0.00	510.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	922.00	18607.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. Hoi Chi Cheung

Mailing Address 11570 6th Street

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amphastar Pharmaceuticals, Inc

Occupation
 Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deduction - \$50.00

Full Name (Last, First, Middle Initial)

B. Ellen Feng

Mailing Address 11570 6th Street

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amphastar Pharmaceuticals, Inc

Occupation
 Sr. Director - IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period

60.00

Bi-weekly payroll deduction - \$30.00

Full Name (Last, First, Middle Initial)

C. Ping He

Mailing Address 25 John Road

City State Zip Code
 Canton MA 02021

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Armstrong Pharmaceuticals, Inc

Occupation
 Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deduction - \$20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. Aleksei Koutassevitch

Mailing Address 11570 6th Street

City State Zip Code
Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amphastar Pharmaceuticals, Inc

Occupation
Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deduction - \$25.00

Full Name (Last, First, Middle Initial)

B. Jun Li

Mailing Address 25 John Road

City State Zip Code
Canton MA 02021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Armstrong Pharmaceuticals, Inc

Occupation
Sr. Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.4435

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deduction - \$20.00

Full Name (Last, First, Middle Initial)

C. Ronald Lou

Mailing Address 1886 Santa Anita Avenue

City State Zip Code
South El Monte CA 91733

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Medication Sys

Occupation
Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.4436

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

<p>Full Name (Last, First, Middle Initial) A. Jin Y. Ma</p> <p>Mailing Address 1886 Santa Anita Avenue</p> <p>City State Zip Code South El Monte CA 91733</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation International Medication Sys Director, Mfg. Division</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1102.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014</p> <p>Transaction ID : SA11AI.4437</p> <p>Amount of Each Receipt this Period 116.00</p> <p>Bi-weekly payroll deduction - \$58.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Evelyn Reyes</p> <p>Mailing Address 11570 6th Street</p> <p>City State Zip Code Rancho Cucamonga CA 91730</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Amphastar Pharmaceuticals, Inc AC Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1160.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014</p> <p>Transaction ID : SA11AI.4438</p> <p>Amount of Each Receipt this Period 116.00</p> <p>Bi-weekly payroll deduction - \$58.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Richard Sleege</p> <p>Mailing Address 1886 Santa Anita Avenue</p> <p>City State Zip Code South El Monte CA 91733</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation International Medication Sys Sr. Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014</p> <p>Transaction ID : SA11AI.4439</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Bi-weekly Payroll Deduction - \$20.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			272.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. Michael Stanley

Mailing Address 11570 6th Street

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amphastar Pharmaceuticals, Inc

Occupation
 Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

Full Name (Last, First, Middle Initial)

B. Selina Su

Mailing Address 11570 6th Street

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amphastar Pharmaceuticals, Inc

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 26 / 2014

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

60.00

Bi-weekly payroll deduction - \$30.00

Full Name (Last, First, Middle Initial)

C. Xin Zhou

Mailing Address 25 John Road

City State Zip Code
 Canton MA 02021

FEC ID number of contributing
federal political committee.

C

Name of Employer
 International Medication Sys

Occupation
 Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

SUBTOTAL of Receipts This Page (optional)..... ▶

220.00

TOTAL This Period (last page this line number only)..... ▶

862.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. BADGERPAC

Mailing Address PO BOX 70980

City
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
Political Contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SB23.4450

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City
SANTA BARBARAState
CAZip Code
93121Purpose of Disbursement
Political Contribution

011

Candidate Name

LOIS G CAPPS
Office Sought: ☒ House
☐ Senate
☐ President
State: CA District: 24

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SB23.4442

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC

Mailing Address PO BOX 30344

City
BETHESDAState
MDZip Code
20824Purpose of Disbursement
Political Contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SB23.4458

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Political Contribution

011

Transaction ID : SB23.4445

Amount of Each Disbursement this Period

2500.00

Candidate Name

NANCY PELOSICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Full Name (Last, First, Middle Initial)

B. PAUL TONKO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Mailing Address 911 CENTRAL AVENUE
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement
Political Contribution

011

Transaction ID : SB23.4455

Amount of Each Disbursement this Period

500.00

Candidate Name

PAUL DAVID TONKOCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Full Name (Last, First, Middle Initial)

C. TIM BISHOP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Mailing Address PO BOX 437

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement
Political Contribution

011

Transaction ID : SB23.4452

Amount of Each Disbursement this Period

500.00

Candidate Name

TIMOTHY BISHOPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2014

Mailing Address 700 13TH STREET, NW SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB23.4448

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

8500.00